TRAVEL VOUCHER	ARTMENT OR ES		Т,	2. TY	PE OF TRAVEL	3. VOUCHER NO.				
(Read the Privacy Act Statement on the back)	BURI	EAU DIVISION O	K OFFICE		<u></u>	TEMPORARY DUTY PERMANENT CHANGE OF STATION	4. SCHEDULE NO.			
5. a. Name (Last, first, middle	initial)				b. SO	6. PERIOD OF TRAVEL				
C. MAILING ADDRESS (Inc.  c. PRESENT DUTY STATIO	le)			d. OF	FICE TELEPHONE NO.	a. FROM b. TO  7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S)				
e. PRESENT DUTY STATION	NC		f. RESIDEN	CE (City and Stat	 re)		1			
							10. CHECK NO.			
8. TRAVEL ADVANCE			9. CASH PA	YMENT RECEIP	Т		11. PAID BY			
a. Outstanding			a. DATE RE	CEIVED		MOUNT RECEIVED				
b. Amount to be applied			D.1./EE/O	01011471105	\$					
c. Amount due Government  (Attached Check	Cash)		c. PAYEE'S	SIGNATURE						
d. Balance outstanding								Traveler's Initials		
12. GOVERNMENT TRANSPORTATION						parties in connection with reiment procedures (FPMR 101-7)		Traveler's Illidais		
REQUESTS, OR TRANSPORTATION	AGENT	'S ISSUING	MODE			P	OINTS OF TRAVEL			
TICKETS, IF PURCHASED WITH CASH	VALUAT OF TICK	ION CAR-	CLASS O SERVICE	)F	=	•	OMTO OF TRAVEL			
(List by number below and attach passenger	OI HON		AND ACCO	M- ISSUE		FROM		ТО		
coupon; if cash is used shown claim on reverse		(Initials)	MODATION (c)							
side.)	(a)	(a) (b)		(d)		(e)		(f)		
						ment or credit has not been re- eriod covered by this voucher.				
TRAVELER ► SIGN HERE						DATE	CLAIMED >	\$		
NOTE: Falsification of an item than \$10,000 or impriso						may result in a fine of not mo	re			
14. This voucher is approved. the interest of the Governm approving official must have	ent. (NOTE:	If long distance to	elephone calls a	are included, the		n 17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFER- \$				
agency to so certify (31 U.S	S.C. 680a).)	- •				ENCES, IF ANY				
APPROVING				DATE		(Explain				
OFFICIAL SIGN HERE						and show amount)				
15. LAST PRECEDING VOUCH						b. TOTAL VERIFIED CORRE				
a. VOUCHER NO.	b. D.O. SYN	MBOL		c. MONTH & YEAR			STION	\$		
16. THIS VOUCHER IS CERTII	I FIED CORRE	CT AND PROPE	R FOR PAYME			c. APPLIED TO TRAVEL AD (Appropriation symbol):	VANCE	\$		
CERTIFYING OFFICIAL SIGN HERE				DATE	ŀ		TRAVELER >	\$		
40. 4000 UNTING OF 400 ETG	ATION							*		

18. ACCOUNTING CLASSIFICATION

SCHEDULE
OF
<b>EXPENSES</b>
AND
<b>AMOUNTS</b>
CLAIMED

## **INSTRUCTIONS TO TRAVELER** (Unlisted items are self-explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on

the travel authorization.)

Complete
only
for
actual
expense
travel

Col. (d) Show amount incurred for each meal, including tax, tips, and daily total thru (g) meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

Show total subsistence expense incurred for actual expense travel.

Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet.

OF

PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

		than subsistence, etc.									_			
DATE	TIME	DESCRIPTION								MILEAGE RATE:	-	AMOUNT CLAIMED		
20	(Hour and	(Departure/arrival city, per diem computation, or other explanations of expense)	MEALS BREAK-				MISCEL- LANEOUS SUBSIS TENCE (h)	L- IUS LODGING	TOTAL SUBSISTENCE		MILEAGE	SUBSISTENCE	OTHER	
(a) am/pm) (b)	of expense) (c)	BREAK- FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	TENCE (h)	(i)	EXPENSE (j)	NO. OF MILES (k)	(1)	(m)	(n)		
										TOTAL 0 <b>b</b>				
If addition	nal space is	space is required, continue on another SF 1012-A BACK. leaving the front blank.												
		TOTALS												

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulation (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorzation and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory

investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (I), (m) and (n), below and in item 13 on the front of this form.

TOTAL
AMOUNT
CLAIMED

SCHEDULE
OF
<b>EXPENSES</b>
AND
<b>AMOUNTS</b>
CLAIMED

## **INSTRUCTIONS TO TRAVELER** (Unlisted items are self-explanatory)

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the travel authorization.)

Complete
only
for
actual
expense
travel

Col. (d) Show amount incurred for each meal, including tax, tips, and daily total thru (g) meal cost.

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(i) Complete for per diem and actual expense travel.

Show total subsistence expense incurred for actual expense travel.

Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet.

OF

PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

		than subsistence, etc.									_			
DATE	TIME	DESCRIPTION								MILEAGE RATE:	-	AMOUNT CLAIMED		
20	(Hour and	(Departure/arrival city, per diem computation, or other explanations of expense)	MEALS BREAK-				MISCEL- LANEOUS SUBSIS TENCE (h)	L- IUS LODGING	TOTAL SUBSISTENCE		MILEAGE	SUBSISTENCE	OTHER	
(a) am/pm) (b)	of expense) (c)	BREAK- FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	TENCE (h)	(i)	EXPENSE (j)	NO. OF MILES (k)	(1)	(m)	(n)		
										TOTAL 0 <b>b</b>				
If addition	nal space is	space is required, continue on another SF 1012-A BACK. leaving the front blank.												
		TOTALS												

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investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (I), (m) and (n), below and in item 13 on the front of this form.

TOTAL
AMOUNT
CLAIMED